ATTACHMENT C

ZION NATIONAL PARK
COMMERCIAL USE AUTHORIZATION

TRIP ITINERARY, 2014

Business Name:_____

Dates of all tours: _____

Dates of arrival in Zion National Park _____

Dates of departure from Zion National Park _____

Camping in Zion National Park? ____Yes ____No

Average number of tour participants (including employees):_____
Charge per person: _____
Names of Trip Leaders:_____

_____

Trip leaders' First Aid and CPR qualifications (If a new employee or if copy of certification was not available when application for Commercial Use Authorization was made, attach copy of first-aid certification.):_____

_____

In case of emergency, contact:

Name: _____

Telephone: Office - (___) _____ Home - (___)_____

Name: _____

Telephone: Office - (____)_____ Home - (____)_____

Signature and Title _____ Date _____